

Cayuga Community College
BUSINESS OFFICE
Phone (315) 255-1743 ext. 2450 Fax (315) 283-9010

STOP PAYMENT FORM
(Complete to request to have lost check reissued.)

Today's Date: _____

Name (please print) _____

Address (check will be mailed to) _____

| | | | | |
|--|--------------------|----------------------------|------------------------|----------------------------|
| Type of Check (please circle <u>one</u>): | | | | |
| Federal | Direct Loan | TAP | General(refund) | Payroll |
| Check date: _____ | | Check number: _____ | | Check amount: _____ |
| Reason for stop payment: _____ | | | | |

Signature: _____ **Auth. Initials** _____
(Office Use Only)

| |
|--|
| <i>For Office Use: Date Rec'd:</i> _____ <i>Date Stopped</i> _____ <i>Date to be re-issued</i> _____ |
|--|

Complete this form and bring to the Business Office or fax to the number above.